

# **PREPAREDNESS PROGRAM**

Program Boundary Statement

Program Quality Criteria

Program Objectives – *will come out in separate correspondence*

**2007 Program Boundary Statement  
Public Health Preparedness Program  
(Includes Pandemic Influenza, Cities Readiness Initiative)**

For each performance-based contract program, the Division of Public Health has identified a Boundary statement. The Boundary Statement sets the parameters of the program with which the local public health department (LPHD) or agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permits to provide maximum flexibility. However, if there are objectives or program directions that the program is not willing to consider, those are included in the Boundary Statement.

**Program Boundary Statement:**

Public Health Preparedness funds must be utilized to develop state, regional or local emergency-ready public health departments by upgrading, integrating and evaluating state and local public health jurisdictions' preparedness for and response to terrorism, pandemic influenza, and other public health emergencies with federal, state, local, and tribal governments, the private sector, and non-governmental organizations. These emergency preparedness and response efforts are intended to support the National Response Plan and the National Incident Management System.

Infrastructure must be developed in the areas of emergency response and recovery, communicable disease surveillance, epidemiological interventions, environmental health investigations, communication and notification, laboratory specimen transfer and testing, training and education.

In addition, these are full use funds intended to expand the infrastructure of the public health system. "Full-use" is defined as services, programs, and activities that integrate to the extent possible the requirements of public health preparedness and the needs of day-to-day public health functions – serving both functions simultaneously: (1) Respond to a public health emergency whether it is a biological, radiological, chemical, or natural threat or disaster, and (2) address public health issues occurring or affecting the community continually or on a frequent basis.

CDC has developed preparedness goals and associated measures designed as public health system response performance parameters that are directly linked to the health protection of the public. CDC's Preparedness Goals are intended to frame urgent public health system response concepts for terrorism and non-terrorism events, including infectious disease, environmental and occupation-related emergencies. "Response" is intended to indicate non-routine public health system reaction to limit possible mortality, morbidity, loss of quality of life, or economic damage.

**THE CDC'S PREPAREDNESS GOALS ARE - PREVENT:** (1) Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats. **DETECT AND REPORT:** (2) Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies, (3) Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health, (4) Improve the timeliness and accuracy of communications regarding threats to the public's health, **INVESTIGATE:** (5) Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health, **CONTROL:** (6) Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health. **RECOVER:** (7) Decrease the time needed to restore health services and environmental safety to pre-event levels, (8) Improve the long-term follow-up provided to those affected by threats to the public's health, and **IMPROVE:** (9) Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

(See the Centers for Disease Control and Prevention Public Health Emergency Preparedness Grant Guidance for specific details.)

**Relationship to State Health Plan: *Healthiest Wisconsin 2010***

Public Health Preparedness outcomes have been mapped to the following Healthiest Wisconsin 2010 Health and System Priorities and Essential Public Health Services.

*State Plan System Priorities:*

- Community Health Improvement Processes and Plans
- Coordination of State and Local Public Health System Partnerships
- Sufficient, Competent Workforce
- Equitable, Adequate, and Stable Financing

*State Plan Health Priorities:*

- Access to Primary and Preventive Health Services
- Adequate and Appropriate nutrition
- Alcohol and other substance use and addiction
- Environmental and Occupational Health Hazards
- Existing, Emerging and Re-emerging Communicable Disease
- Intentional and Unintentional Injuries and Violence
- Mental Health and Mental Disorders
- Social and Economic Factors that Influence Health
- Integrated electronic data and information systems

*Essential Public Health Services:*

- Monitor health problems to identify community health problems
- Identify, investigate, control and prevent health problems and environmental health hazards in the community
- Educate the public about current and emerging health issues
- Promote community partnerships to identify and solve health problems
- Create policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and insure safety
- Link people to needed health services
- Assure access to primary health
- Foster the understanding and promotion of social and economic conditions that support good health

**Unacceptable Proposals:**

Under the Centers for Disease Control and Prevention Cooperative Agreement the following activities are not allowable:

- Funds may not be used for research
- Reimbursement of pre-award costs
- Purchase vehicles of any kind
- Purchase incentive items
- Supplant any current state or local expenditures
- Pandemic Influenza funding may not be used to purchase of anti-viral drugs, seasonal influenza vaccine, or pneumococcal vaccine.

**Supplantation:**

Supplantation means using Federal funds to replace State or local funds. The Public Health Service Act, Title 1, Section 319(c) specifically states: “SUPPLEMENT NOT SUPPLANT. ~ Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.”

**References:**

- Wisconsin Public Health Emergency Plan
- Centers for Disease Control and Prevention Public Health Emergency Preparedness Grant Guidance, (8/31/06-8/30/07): Health Alert Network (HAN)
- National Response Plan: [http://www.dhsgov/interweb/assetlibrary/NRP\\_FullText.pdf](http://www.dhsgov/interweb/assetlibrary/NRP_FullText.pdf)
- National Incident Management System: <http://www.fema.gov/nims/>
- Interim National Preparedness Goal:  
[http://www.ojp.usdoj.gov/docs/InterimNationalPreparednessGoal\\_03-31-05\\_1.pdf](http://www.ojp.usdoj.gov/docs/InterimNationalPreparednessGoal_03-31-05_1.pdf)
- Interim Public Health and Healthcare Supplement to the National Preparedness Goal:  
<http://hhs.gov/ophep/npgs.html>
- Draft Target Capabilities List, Version 2.0; December 2005. U.S. Department of Homeland Security Office of Grants and Training.
- Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency (Draft): <http://www.bt.cdc.gov/workbook/>
- Guide for All-Hazard Emergency Operations Planning: State and Local Guide 101. FEMA, April 2001. <http://www.fema.gov/pdf/rrr/slg191.pdf>

**2007 Program Quality Criteria  
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Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract. Contractees should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

**Assessment and surveillance** of public health to identify community needs and to support systematic competent program planning and sound policy development with activities focused at both the individual and community levels.

- A. Contractees will periodically assess public health preparedness within their agency or consortium by having their members complete Division of Public Health (DPH) identified assessments or surveys.
- B. Contractees will annually conduct public health preparedness exercises and revise and update public health preparedness plans based on completed Exercise After Action Reports.
- C. Competency-based education of public health workers, clinicians, and others critical to public health preparedness should be planned and implemented based on needs identified through assessments and/or evaluations of performance. Contractees are required to continue to support preparedness education and training activities needed to successfully achieve targeted outcomes and preparedness goals.

**Delivery of public health services** to citizens by qualified health professionals in a manner that is family centered, culturally competent and consistent with the best practices and delivery of public health programs for communities for the improvement of health status.

Contractees must support public health response functions in the context of National Incident Management System. In accordance with HSPD-5, NIMS provides a consistent approach for federal, state, tribal and local governments to work effectively and efficiently together to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. As a condition of receiving Public Health Emergency Preparedness cooperative agreement funds, Contractees agree to adopt and implement NIMS. In accordance with the eligibility and allowable uses of the cooperative agreement, Contractees are encouraged to direct FY 2006 funding towards activities necessary to implement NIMS.

**Record keeping** for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

**Information educational outreach** programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

Contractees will regularly present to the media, public partners and other stakeholders information on their agency or consortium and the Public Health Preparedness Program in coordination with DPH program staff.

**Coordination** with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

- A. Contractees will utilize the Public Health Information Network (PHIN) and the Health Alert Network (HAN) as appropriate, to include at minimum the Health Officer/Tribal Health Director, as these systems develop.
- B. Contractees will coordinate with other preparedness programs by participating in state, regional, tribal, and local public health preparedness meetings.
- C. Contractees will contribute to the development of a statewide system for public health emergency response that is coordinated, consistent and efficient.
- D. Contractees will demonstrate involvement in setting statewide goals, strategic direction, and priorities for the state public health preparedness program.
- E. Contractees will assure the ability for the general public to be able to contact the local public health department/tribal agency 24 hours a day, 7 days a week.

**A referral network** sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

**Provision of guidance to staff** through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

**Financial management practices** sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting and, when, required pursuit of third party insurance and Medical Assistance coverage of services provided.

**Data collection, analysis, and reporting** to assure program outcome goals are met or to identify program management problems that need to be addressed.